

Executive Summary - Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

Children’s Mental Health Initiative by Substance Abuse and Mental Health Services Administration

Initiative: The PRIME Network: A System of Care for Youth at Clinical High Risk for Psychosis

Objective: To establish a comprehensive, community-based system of care for youth at clinical high risk for psychosis (CHR-P) in the New Haven area. This system, referred to as the PRIME network, will capitalize on the integration of expertise across its partners by harnessing the PRIME clinic’s specialized expertise on psychosis risk identification and early intervention, the expertise of mental health clinics to provide community-based clinical care, and the expertise of non-clinical stakeholders on their community. We aim to partner to develop a more inclusive and coordinated mental healthcare system that addresses the needs of youth ages 12-21 showing the emerging warning signs of serious mental illness and at clinical high risk for psychosis.

Background: The current mental healthcare system for youth under 21 in Connecticut, particularly those at clinical high risk for psychosis, is fragmented and insufficient. Youth at CHR-P exhibit distressing symptoms affecting their quality of life and functioning, with approximately 25% progressing to psychotic disorders like schizophrenia. Connecticut’s estimated CHR-P youth population is over 15,000, with about 3,800 in the New Haven County alone. Despite the development of evidence-based diagnostic evaluations and interventions, care delivery remains fragmented due to the diverse needs and referral bases of CHR-P youth. Some evidence suggests that marginalized groups face particular challenges in accessing timely care and are often identified only after psychosis onset and through aversive pathways to care (e.g., forced hospitalization, criminal justice system).

Proposed Solution: The city of New Haven and the PRIME Clinic, through a SAMHSA funding opportunity, propose to create a comprehensive system of care for youth with serious emotional disturbances (SED) and at CHR-P by expanding the clinical services and expertise of the Yale PRIME Psychosis Risk Clinic to deliver care in community-based clinics. This initiative will connect multiple levels of care, integrate with existing systems of care across the state, and will address the needs of culturally and linguistically diverse groups in the New Haven area.

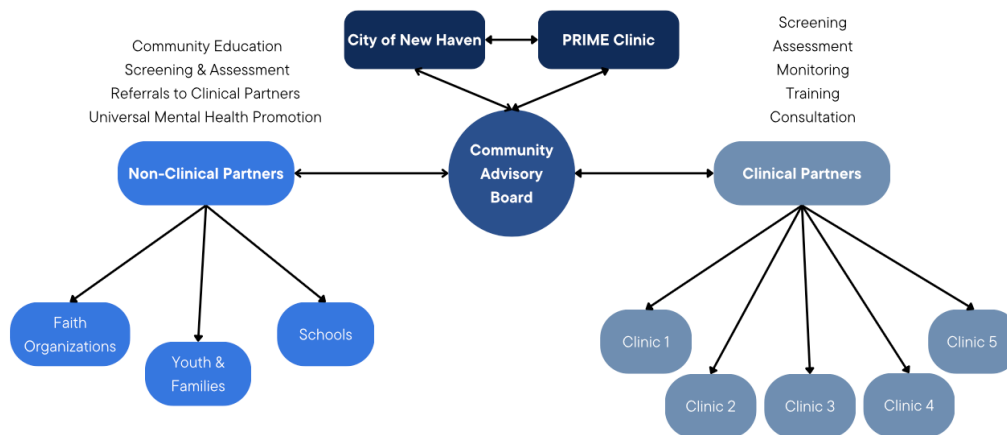


Image description: Partners in the system of care for youth at CHR-P in Greater New Haven.

Plan for clinical partnerships:

1. PRIME will conduct a needs assessment at the start of the project (anticipated Fall 2025), incorporating community voices to ensure the project aligns with the needs of the community and their embedded clinics. Members from each clinic will be invited to participate to provide feedback and help steer the work of the project. Throughout the course of the project, we will also hold a community advisory board, comprised of clinical and non-clinical stakeholders, which will help guide the direction and implementation of the project.
2. Partnering clinics will implement broad intake screening. Each new intake ages 12-21 will be asked to complete a brief 12-item screener (the PRIME Screen) to determine if they are eligible to receive a more in-depth evaluation. The project will provide resources that the clinic may need to implement intake screening.
3. For any clients who screen positive, members of the PRIME team will conduct a specialized clinical evaluation (the SIPS) and will provide a written report with personalized recommendations for care to the client and their clinician.
4. The PRIME team will maintain a database, providing systematic tracking of data for youth at clinical high risk participating in the network.
5. For youth identified at CHR-P, the PRIME team will conduct follow-up clinical evaluations every 6 months for up to two years, to monitor changes in symptoms over time and to update recommendations.
6. The PRIME team will provide training for clinicians at partner sites, which will include an initial training in the basics of CHR-P (estimated 1 hour) and training on psychoeducation intervention (estimated 3-4 hours). Later in the project, the PRIME team will also offer the option of advanced training on either initiating an evidence-informed specialized group-based therapy or individual intervention such as cognitive behavioral therapy for early psychosis.
7. The PRIME team will also provide ongoing training and consultation throughout the 4 years of the project through an ECHO model. This is a monthly opportunity held over zoom, in which clinicians within the network will be invited to an hour-long session to learn brief didactics and to bring de-identified cases to receive consultation.

Plan for non-clinical partnerships:

1. Coordination with FAVOR, Inc. to hire and train lead family coordinator (a person with lived experience of psychosis risk and/or caregiver) to the team.
2. PRIME will conduct a needs assessment at the start of the project, incorporating community voices to ensure the project aligns with the needs of the community we serve.
3. Bring together a community advisory board comprised of clinical and nonclinical community stakeholders who will steer the direction and implementation of the initiative through quarterly meetings.
4. The PRIME team will conduct outreach, education, and coordination with non-clinical community members, including faith-based organizations, school systems, and youth and families.

Next steps: The City of New Haven & PRIME Clinic are to apply for the SAMHSA funding opportunity in February 2025, with an anticipated project start date in Fall 2025. The project will run for 4 years. We invite collaboration from community organizations, healthcare providers, state agencies, and advocacy groups to join us in building a comprehensive, inclusive, and effective system of care for CHR-P youth.